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Acronyms

APPS	Political Parties Health Agreement
CIES	Social and Economic Research Consortium
CIGS	Intergovernmental Health Committee
DCI	Chronic Child Malnutrition
DGSP	MOH Persons-Health General Directorate
HHR	Health Human Resources
HN	Health Network
ID	Identification document (DNI)
IT	Information Technology
MCH	Maternal and Child Health
MEF	Ministry of Economics and Finance
MIDIS	Ministry of Social Development and Inclusion
MOH	Ministry of Health
NDI	National Democratic Institute
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
OGRH	Human Resources General Office
PAHO	Pan American Health Organization
PAIMNI	Regional Program to Improve Child Nutrition
PAN	Results Based Budget Articulated Nutrition Program
PEAS	Health Insurance Essential Plan
PMI	Health Investment Multiannual Plan
PpR	MEF Results Based Budget
RENIEC	National Agency for Identity and Civil Status Registration
RG	Regional Government
RHD	Regional Health Directorate
SIGA	MEF Integrated System for Management
SIS	Public Health Insurance
SMN	Results Based Budget Maternal Health Program
SUNASA	Supervisory Agency of Health Services
UE	Budgeting Unit
USAID	United States of America Agency for International Development

Executive Summary

USAID/Peru, through the Health Policy Reform Project, seeks to strengthen five components of the health system: Governance, Financing, Health Information, Human Resources and Medical Products, ensuring that the necessary policies and policy-related capacities to sustain health reform are in place by the end of a 5-year effort. The aim is to promote substantial improvements particularly within primary care.

During the second quarter of 2012, the Project continued implementing the activities proposed in the first semester work plan, with little success to initiate the agreed collaboration initiated with the MOH in the meeting organized just starting the year. The appointment of a new Vice Minister of Health in April 2012, open a window to strengthen this weak relationship, mainly in activities under the financing and health information components.

Other close working relationships and coordination continued at the national level with the Ministry of Social Development and Inclusion (MIDIS) and the Ministry of Economics and Finance (MEF). Both ministers are willing to support a regional pilot to improve planning and budget formulation related with national health priorities, with the purpose to increase transparency and predictability in the allocation of public funding to the regions.

Under the Governance component, the Project validated in three regions, the internal and external constraints that posed to be barriers for the implementation of effective interventions to tackle infant chronic malnutrition in San Martin, Also in San Martin, the Project helped the Region to improve the organizational and administrative mechanisms to manage the Regional Program to Improve Child Nutrition (PAIMNI); moreover, the Project designed the operational guidelines to manage health services, focused in the provision of effective interventions. The strategy to monitor the cohort of pregnant women and new born on an individual base is being tested in two micro networks of San Martin, and is being look at by MIDIS for its expansion to other regions.

Within the Financing component, the Project continued providing technical assistance to the MOH in using the methodology for Multiannual Investment Plan (PMI) to identify the investment required for selected health facilities in nine regions. Also based in PMI, investment parameters were discussed with MOH-Planning Office; these include the portfolio of health services, the cadre of health services production units (UPSS) and the medical procedures. The PMI elaborated for San Martin region, is being used for the elaboration of an investment project profile that will receive additional funds from MEF to strengthen infrastructure and equipment in selected health facilities.

In the area of health information systems (HIS), the implementation of GalenHos software for the 1st level of care continued in San Martin and Ayacucho. In Ayacucho, it has already been installed in four networks` health facilities, including 4 provincial hospitals. In San Martin, the installation of GalenHos is limited by the availability of equipment, network installation and access to internet. To overcome this barrier, the regional government has prepared a project to obtain from USAID the required equipments and information

technology strengthening. At the national level, new relationships established with the Public Health Insurance Agency (SIS) and the Supervisory Agency of Health Services (SUANSA), open a window to expand the use of GalenHos for health insurance reimbursement to public facilities, and its use for reimbursing high cost diseases.

The Project´s work in health human resources (HHR) continue its progress toward the allocation of human resources based in the analysis of human resources gap at the primary care level. Ayacucho, San Martin and Ucayali are collecting the required information to complete this type of analysis for all their micro-networks, given that decision making of personnel allocation can be done at that level. The already approved salary scales in Ayacucho started to be implemented, and a different scale is being prepared for San Martin.

Although the logistic component was closed by the end of the first quarter, the Project regional advisor in Ayacucho continued providing technical support to the DIRESA for the implementation of the joint purchase of medical products and supplies.

Finally, and because of the reduction of funds, the Project office in Ucayali was closed by the end of this quarter, with the presentation to regional authorities of the last products prepare to support the regional strategy for the reduction of infant chronic malnutrition.

1. Progress

During this period, the Project trained and/or provided technical assistance to 735 participants who attended to our workshops and technical meetings (Table 1). The training activities that linked the MOH strategy to strengthen selected health facilities with the multiannual health investment methodology fostered by the Project, concentrated the largest percentage of participants under the financing component. More specialized activities were organized under the governance strategy for the reduction of chronic malnutrition, information and human resources components, which were mainly set thru technical workshops addressed to regional health officials.

Table1: Number of participants to technical and training activities per Project Component

Region	Number of participants			Percentage
	Women	Men	Total	
Governance – Malnutrition reduction program	124	90	214	29%
Financing	128	174	302	41%
Information	6	27	33	4%
Human Resources	104	82	186	25%
Total	362	373	735	100%

Project activities were mainly implemented at the regional level, with 85% of the total number of participants (Table 2). The largest number of participants was concentrated in San Martin where the Project focused the activities of the five components, under the regional strategy for the reduction of chronic malnutrition.

Table2: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
Ayacucho	66	130	196	27%
San Martín	218	176	394	54%
Ucayali	29	7	36	5%
Other regions	49	60	109	15%
Total	362	373	735	100%
Percentage	49%	51%	100%	

In the Project activities, there was a good balance in the gender composition of participants, with a 51% presence of men and 49% of women.

1.1 Health Sector Governance

Strengthen and expand decentralization of the health sector

1.1.1 The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health

During this quarter, the Project identified a set of constraints that limit regional management for the reduction of child chronic malnutrition (DCI). Based on the experience of identifying constraints in San Martin, the Project made a series of consultation sessions with regional experts on La Libertad, Piura and Ayacucho. The result is a list of common constraints, classified into internal - those that depend on regional management and depends on regional measures to overcome them - and external -those associated with national administrative systems that require decisions of the sectors owners of these systems. The list below shows the identified constraints:

Internal constraints	External constraints
• Access to health care with competent professionals • Access to laboratory services • Access to diagnosis, treatment and monitoring of underweight, malnourished or anemic pregnant women or children • Availability of micronutrients, medicines and critical supplies • Health care: antenatal care, delivery and newborn care, postnatal care and family planning services, healthy child care, sick child care • Promotion and education on healthy practices • Pregnant women and children who do not access services spontaneously • Using information system for monitoring and assessments • Distribution of nutritional porridge, food baskets and nutritional supplements	• Cumbersome rules and procedures of a centralized budget • No salary policy associated with experience, meritocracy, knowledge, location and performance • Parents or representative approval for adolescents access to counseling on sexual education and family planning methods • Absence of a longitudinal tracking system of care in order to monitor the level of effective protection: protected target child • Insufficient knowledge / rigorous evidence of interventions to increase childcare skills of families • Ineffective antenatal care to monitor the health of pregnant women

The Project also made an agreement with the National Association of Regional Governments (ANGR) to develop a process to discuss an agenda of the national restrictions

that limit the regional management for the reduction of DCI. For this purpose, has supported the ANGR for developing a work plan with MIDIS to foster this process. The proposed phases of the plan are:

- Phase I: validation of found restrictions and general measures to overcome them
- Phase II: development of specific solutions, goals to achieve and responsible actors.

This plan will be implemented during the next two quarters will be provided technical assistance and MIDIS ANGR to implement the plan.

Elaboration of methodological guidelines to validate the methodology in field

To date there has been progress in the discussion of the methodological approach, based on the Goldratt´s Theory of Constraints. The analytical framework or system for the identification of constraints identifies the result, the elements involved (effective interventions) and the necessary inputs. The result is: Children less than 36 months protected from the risk of chronic malnutrition.

The analysis tools used were the Intermediate Objectives Map and Current Reality Tree. We also developed guidelines used in the discussion sessions with regional experts to gather information about the constraints faced by the region when managing a health priority.

Under the call of the ANGR, the project held a meeting with national experts from different fields of public administration that aimed to:

1. Present the progress made in the agenda of regional management constraints for the reduction of child malnutrition, and
2. Gather inputs from national experts, and recommendations about the approach to face restrictions.

The experts that participated in this meeting have both technical expertise on the subject and the capacity to advocate that restrictions should be part of a broader agenda of dialogue and consensus seeking resources to further study how to overcome or develop solutions.

To date, field validated material of the restrictions analysis, is being consolidated ina a final report that includes the expert meeting held in Lima.

1.1.2 One Regional Government is implementing effective coordination mechanisms between health services and local governments to foster results in priority health programs.

Elaboration of the operational guidelines to manage health services for the reduction of child chronic malnutrition (DCI)

During this quarter, the Project conducted a review of the operation guidelines of effective interventions to reduce DCI, to improve its implementation within health services. These guidelines can improve the performance of service providers under the regional program to Improve Child Nutrition (PAIMNI) in San Martin. For this purpose, identifies effective

interventions and care procedures associated with them, the procedures involved in implementing agencies and the levels of responsibility.

Chapter I present the scope of the document and its implementation. Chapter II is a description of the subcomponents of the health component of the program PAIMNI and indicators of outcomes sought services level. Chapter III presents the detailed arrangements of the organization of San Martin region to implement the health component PAIMNI and Chapter IV presents the specific arrangements for the implementation of the subcomponents mentioned above (Appendix 1).

The operations guidelines were validated in the health micro-networks of Soritor and Jepalacio, and have already been distributed in all health facilities of the 37 prioritize districts where San Martin RG is implementing PAIMNI.

Technical assistance to San Martin DIRESA to establish the organizational, administrative and service provision arrangements to manage the program for the reduction of chronic malnutrition (DCI)

The project provided technical assistance to San Martin DIRESA for the design and implementation of a pilot experience to improve the longitudinal tracking of pregnant women and children under 5 years in Jepelacio and Soritor micro-networks. The longitudinal monitoring system is a central component of PAIMNI strategy, which seeks to identify and follow up the new cohort of children born in 2012, in order to protect children from the risk of malnutrition and take the corrective actions when a child enters into the area of risk.

To this end, in Jepelacio and Soritor, the Project installed the program GalenHos and is building a database with the names of pregnant women and children, while organizing the processes of adscription and mapping of the population, to assign responsibilities to local level and health care providers.

Technical assistance to San Martin DIRESA for the implementation of the operational guidelines

The Project has provided technical assistance to the DIRESA for the implementation of the operational guidelines for effective health interventions in Soritor and Jepelacio, through workshops and visits to the health facilities. The Project has also provided technical assistance to the DIRESA in the development and implementation of a check list to monitor the availability of the minimum requirements for the provision of effective interventions at the operational level, represented by the health facilities (Appendix 2).

The checklists should be seen as a guide, meaning that the activities should be adapted to the conditions of the health facility and its environment, since several of the items set forth herein apply to first level of care facilities, including those assisting births, rather than the more complex. This list is intended to help regional managers to identify if effective interventions are being implemented and what needs to be done to improve them.

Expanding San Martin`s experience to Ucayali region

During this quarter, the Project presented to the DIRESA in Ucayali the results of the qualitative study about mothers` perceptions related to the implementation of effective interventions for reducing DCI (Appendix 3). It was also presented the information about costs and budget evaluation of the strategic programs related PAN and SMN, securing the financing for effective interventions related to health services (Appendix 4).

Reports prepared by the project have been delivered to the regional health authority for use as part of the reduction strategy adopted by DCI Regional Government.

1.1.3 Regional Health Directorate (DIRESA) and health networks have been reorganized and modernized to carry out their new functions under decentralization

Rapid assessment of the Sub-regional management offices of Huancavelica

This quarter, in partnership with USAID/ProDescentralization, the Project conducted a rapid assessment of the implementation process of the Sub-regional Management Offices of Huancavelica. The purpose of this study was to contribute to the empirical knowledge of the institutional reform processes of the regional governments, draw lessons learned and provide basic guidelines and recommendations for application in other regions and the adequacy of the public administrative systems. The analysis focused in the study of the health sector performance, because of the scope of the reform and the nature of the rapid assessment methodology.

The main conclusions of the assessment (Appendix 5) are:

1. The reform has been complex and has included three components that should comprehend the reorganization of the regional governments:

   • Incorporation of the sector directorates to the executive instance of the government,

   • Decentralization of the public services management.

   • Reorganization of the budget execution units in the region.

2. The biggest problem has been its limited planning without a comprehensive institutional diagnosis, insufficient in their organizational design and implementation improvised, shortly participative and vertical.

3. The main positive effect has been the improvement of public services provision, despite the initial implementation of the sub-regional offices, due to the unavailability of budget, shortages in the labor market and low remunerative levels.

4. It raised a single organizational model for all provinces without considering their differences in population size, operation scale levels and initial capacities. The data show variations in these scale levels, especially in the less populated provinces, indeed does not incorporate criteria for allocation of public budget based on population.

Among the main recommendations are:

1. The regional governments' reorganization requires the flexible use of organizational rules; adaptation is desirable.

2. A reform requires a progressive and detailed design by stages, and building institutional capacity. Change planning should consider the adequacy of processes, organizational culture and systems of human resource management.

3. To adapt to the decentralization process, ot is recommended to review the procedures of the administrative systems of governance.

4. The sectorial steering needs to be built based on the technical-regulatory capability and administrative control of resources.

5. No single recipe is suitable for local managers on mechanical application throughout the country, especially in smaller provinces.

This study was presented to a group of public sector experts, and national experts in organizational redesign and decentralization, including officials from the Ministry of Economy and Finance (MEF), Ministry of Health (MOH), Ombudsman's Office, National Assembly of Regional Governments (ANGR), the Network of Rural Municipalities of Peru (REMURPE).

Adaptation of the assessment tool for institutional capacity of organizations providing health

This quarter the project analyzed an assessment tool for the private services sector (PROCAP) to explore its adaptation to public services. It is an assessment tool of NGOs focused on three pillars of performance, capacity and sustainability: financial strength, program performance, and organizational development. It was developed by Abt Associates under the project Strengthening Health Outcomes through the Private Sector (SHOPS).

Its application to public health networks required to make some adaptations, among which are:

- Refocus the program performance evaluation of the relevance, efficiency and effectiveness of interventions, in addition to the coverage of care related to health priorities.
- Refocus the analysis on the financial aspects of corporate performance rather than sustainability.
- Provide a sampling frame for users' surveys, to the extent that the public networks have a caring capacity more dispersed than NGOs.

A potential contribution of this tool is to enable rapid assessment of the institutions providing health services, identifying their skills and areas of improvements from the perspective of management.

1.2 Health Sector Financing and Insurance

Improve health coverage of poor and vulnerable populations

1.2.1 The MOH has completed second revision of the clinical content and standard costing of the essential health insurance plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services

The review and validation of all clinical variables and medical procedures incorporated in the PEAS was completed during the previous quarter. To date, it is still pending the publication of the documents by the MOH.

Ensure efficiency and equity in health resource allocation

1.2.2 The MOH has completed the revision of methodology for multiannual investment for primary health care in coordination with MEF

The project continued to provide technical assistance to the Ministry of Health to update the parameters of the multi-annual investment planning methodology adopted by MOH Decree 577-2011. The update was a request made by the Vice-Ministerial Office in March for the purpose of applying the methodology to identify the investment needs of strategic establishments.

As a result of the update, there is a new portfolio of services and a new portfolio of units that produce health services (UPSS) and general services, defined for facilities under categories I-1 to II-1 (Appendix 6).

These parameters are being implemented by the MOH-OGPP since May, with the Project technical assistance, in eight regions (Amazonas, Huánuco, Cajamarca, Ucayali, Ayacucho, Huancavelica, Pasco and Puno) in order to identify investment needs of 250 selected strategic health facilities.

1.2.3 RHD in one priority region has formulated multiyear health investment plan (PMI)

The project continued to provide technical assistance to San Martin RG for the implementation of their Multi-Annual Investment Plan (PMI) for health, which was formulated during the previous year. To date, the diagnosis and investment ideas proposed in the plan (Appendix 7) have result in the following tasks:

• The RG and the DIRESA are developing the pre-investment studies of six health facilities, called strategic, taking into account the needs identified by the PMI. These are the pre-investment studies for Rioja Hospital, Tocache Hospital, San José de Sisa Rural Hospital, Saposoa Rural Hospital, Bed Bellavista Rural Hospital and Picota Rural Hospital. The preliminary amount allocated by the Ministry of Economy and Finance (MEF) for these projects amounts to 190 million soles to be use for the replacement of those facilities.

• The RG is developing, with the technical assistance of the Project, a pre-investment study to strengthen health facilities in thirty-seven districts of the region, with the purpose to reduce infant chronic malnutrition. This is a comprehensive intervention that seeks to

improve the physical capacities of all health facilities located in those districts, with the aim of improving target population access to the specific interventions that have proven to be effective in reducing malnutrition. The pre-investment study is considering the investment needs of 242 health facilities proposed by the PMI. Preliminarily, it has been allocated 60 million for the whole investment project, from which 55 million would be used to strengthen the infrastructure and equipment capacities of the selected health facilities.

1.2.4 Public resources for collective and individual health care are allocated within the region according to established criteria designed to ensure efficiency and equity in health care in one region

During this quarter, the Project provided technical assistance to the Regional Health Directorate (DIRESA) of San Martin in the implementation of the proposed "Directive for health budget programming, formulation and implementation". The objective of the Directive is to order and simplify the process of budget programming, formulation and execution, looking to link health priorities and budget allocation decisions, and avoiding the problems caused by failing established prioritization criteria that must be respected during expenditures.

The new proposed process also seeks to strengthen the rectory of the DIRESA over the Units for Budget Execution. These Units are administrative entities, which so far, organize and execute their functions of providing services without following the guidelines of the regional health authorities. The technical assistance of the project to improve the financing sub processes of these Units is part of the process of managing the public budget, and looking to be better organize and/or correct threads so that the programming and implementation are fully aligned with the priorities and health outcomes that the RG seeks to achieve.

The proposal has been worked on with the participation of DIRESA officials, through workshops, interviews and information gathering, in order to properly analyze the problem and learn how to lead current processes based in the vision of the different actors.

Pilot of coordinated management on chronic child malnutrition

During this quarter the project submitted at the request of the Ministry of Social Development and Inclusion (MIDIS), the results of the monitoring of the regional process of programming and budget formulation of the nutrition (PAN) and maternal and neonatal health (SMN) programs.

The field observation of the process reveals that the phases of budget programming and formulation have several problems to be fixed:

- The decision process on outcome goals is not clear or explicit. Someone at the system defines results, which are not identified by those responsible of the area. In general, the rules and the procedures for setting goals and costing products are unclear. Therefore, there is a budget negotiation process for results.
- The computer system that records the inputs of the budget execution units is a blind screen, where entry values of the goals at the input level cannot be observed.

- The programming process is not related to the actual process of budget formulation (marked by the historic budget), or with the allocation of additional resources based in the MOH criteria.
- The time it takes for managers to update the system data is very large and low productively.

Faced with these findings, the MIDIS adopted the decision to promote the design and operation of a pilot experience on coordinated management of Child Chronic Malnutrition (DCI) in the regions of San Martin and Cusco. According to its mandate, the MIDIS has the stewardship on DCI because of the multi-sectorial character of this social priority. For this purpose, the Project worked with a MIDIS team in the elaboration of the pilot proposal and participated in the discussion meetings with the Ministry of Economy and Finance (MEF) and the Ministry of Health (MOH).

This initiative recognizes that the national effort to link the budget to MEF results requires to be sustained and strengthen, similarly to the decentralization process, which assigns the responsibilities of government and service management to regional governments. In this context the MIDIS assumes stewardship over a set of results and multi sectorial approach involves:

1. Funding for related budget programs.
2. Sectorial concordance on technical guidelines for the planning of effective interventions to reduce malnutrition, recognized with empirical evidence, and
3. Coordination of actions in specific territorial areas where there will be the implementation of effective interventions related to health, water and sanitation as well as Juntos and Cuna-Mas programs.

In this context, it is necessary to test explicit mechanisms to operate the coordinated management in a context of decentralization, which includes the multi sectorial and territorial articulation processes, budget allocation and the implementation of the strategy for reducing child chronic malnutrition. It looks for the following objectives:

1. Design and implement mechanisms to exercise MIDIS stewardship for the coordinated management of the strategy for the reduction of DCI.
2. Design and implement muti-sectorial articulation processes (Health, Education, and Dwelling) to overcome constraints for a coordinated management at the regional level for the reduction of DCI.

Initial steps have been defined as:

- Ensuring funding for the pilots (July 2012 - August 15).
- Refine the programming process and formulation (August-December).
- Pilot design (August-December 2012).
- Implementation and monitoring of the pilot (January-December 2013).
- Evaluation of the pilot (October-December 2013).

1.3 Health Information

The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions

During the second quarter of 2012, the implementation process of GalenHos has continued its advance in Ayacucho and San Martin. In San Martin, the fast pace observed in the first quarter has not been kept due to a general strike in the DIRESA that has endured the past three months, and still continues. Regarding the coordination actions started with MIDIS, there has also been an unexpected delay due to reprioritization of MIDIS internal agenda, postponing IT related issues to the end of 2012. Coordinating activities with the MOH have been retaken after the appointment of a new Vice Minister. As a consequence, a very fluid working relationship has been restarted with the MOH and SIS, which will likely lead to a new and integrated modus operandi for information management at the provider level. In a similar way, working meetings were restarted with the IT Committee of the National Health Council, with the project providing technical assistance to this specialized work group.

1.3.1 National data quality standards are established and improved

After the appointment of a new MOH's Vice Minister, the technical working agenda was reassumed with OGEI and SIS. In fact, a catch up period followed the previous paralysis of the technical cooperation with the MOH. For instance, work with OGEI led to the provision of technical information, by the MOH, needed to exchange information between health providers that use GalenHos and the National Agency for Identity and Civil Status Registration (RENIEC). This data exchange allows the simplification of patient's data entry at the health facility level. Using the patient's ID, GalenHos avoids the unnecessary digitations of the patient's name, birth date, age, sex, and address; which is already present in RENIEC's database. This optimization process leads to: a) improvement of the quality of data registered; 2) the shortening of queues at the admission units of health facilities; 3) allow the individual follow-up of key health data, both at the individual and collective level, either by the health facility and by the DIRESA; and 4) a very strong argument for the rapid acceptance of GalenHos as a new IT tool that simplifies the data entry of patient's data at the admission level.

Another sample of the improved coordination with the MOH is the very recent working agenda started with SIS. After the demonstration of GalenHos to key SIS officers, they have considered that GalenHos can fulfill all the requirements needed by SIS to 1) identify insured persons, and 2) capture all relevant information needed to document the health services rendered. This acknowledgement has been followed by an intense set of technical meetings oriented towards the identification of a data mesh to be used for the exchange of information with SIS. The work initiated has also served to start a continuous improvement process regarding the data management among SIS and public health facilities. An example of this is the recognition that less paperwork can be needed if proper data exchange routines can be designed and implemented. In fact, SIS considers that the work with the Project has a strategic orientation, since it will help to improve the confidence that providers have in their financing agency for the universal insurance reform. Consequently, SIS envisages implementing GalenHos in Huancavelica and Ayacucho in next quarter as a means to have standardized data regarding health provision and health insurance.

As a by-product of the improved coordination between the Project and SIS, FISSAL, a related financing scheme for funding high cost diseases has also identified GalenHos as an adequate tool for the registration of clinical information, but in this case at the headquarters level. For this purpose, FISSAL chief has asked the Project the preparation of a technical proposal for a data mesh to be used among National Institutes and Hospitals with FISSAL. A first draft has been prepared and presented to selected health facilities (Appendix 8). It is likely that a definite mesh will be identified and implemented during next quarter.

Finally, following recent SUNASA renewal of its leading officials, a meeting was held in order to restart joint work for the exchange of key health provision data with this regulatory agency. Although new authorities are still defining the strategic objectives of their administration, it seems very likely that a technical agenda will be worked out with specific milestones to be reached in the following quarter.

On the other hand, the possibility of designing and developing an interoperability standard regarding radiologic images has been stopped, due to the fact that Cajamarca X Rays equipment technology is analogue instead of digital. This fact will not allow further developments in this area in the short term.

In balance, great advances have been made in the definition of interoperability standards across financing, regulatory and operational units. However, despite the existence of a Decree that makes official the use of HL7 for the formalization of these exchange standards, documentation has still a long way to go. Only when these processes are fully documented is when it can be accepted that interoperability standards are ready to be safely implemented alongside provision, financial and regulatory institutions in the Peruvian Health Sector.

Regarding the use of standardized reports for the analysis of the Peruvian Health situation, joint work was reassumed with the National Health Council and its Information specialized committee. A renewal of its coordinator has also occurred, but this fact has not changed the scope of work of this group for this year. In fact, the preparation of the Health Yearbook for Peru is under way. The Project in its technical assistance role has recommended a first set of reports that may be used for this publication. It is envisaged that the Yearbook may be released by the end of this year (Appendix 9).

1.3.2 Implementation of the health provider information system GalenHos in primary health facilities in 2 regions

The execution of regional plans has continued in Ayacucho and San Martin, although the pace has been different. In San Martin the extended strike of the DIRESA has reduced temporarily the scope of the implementation process to Alto Mayo network. On the contrary, in Ayacucho modernization of providers' health information system has been advancing as expected.

Implementation in Ayacucho has involved 21 health facilities, 5 of which are local hospitals and 16 are health centers. Regarding the IT infrastructure strengthening, level of accomplishment is 0.85 for hospitals and 0.328 for primary care facilities (difference, 0.522,

$p < 0.01$)[1]. Globally speaking, local hospitals have had a significant advance regarding the basic implementation and operation of GalenHos. However, both, in health centers and hospitals, there is a significant advance in the database migration from previous IT solutions into GalenHos. Also, in almost all facilities, GalenHos is in the production phase in the patients' admission process. This fact is particularly relevant, since health facilities' staff do recognize that service processes have been simplified and ordered due to the GalenHos' implementation process. Overall, the implementation of GalenHos in its basic modules for the region is 58% (Table in Appendix 10).

In San Martin, the extended strike that is still going on across the region has prevented further advances in the implementation of GalenHos. Significant advances have been made in Moyobamba, a province that has not embraced the protest. Also, in Tocache there have been relevant advances related to the IT infrastructure strengthening as well as the own implementation process. Regarding the latter topic, the level of accomplishment is 0.679 for Tocache facilities, 0.5 for Moyobamba facilities, and 0.15 for the rest of the region. There is a significant difference of performance between this places as reveled by the analysis of variance performed.

With respect to the other implementation activities, only Moyobamba (Soritor micronetwork) has advanced the implementation process up to the regular operation of outpatient, scheduling and clinical files registration. However, it has to be recognized that Tocache, Rioja, Lamas, and Mariscal Caceres networks may catch up in the implementation process as revealed by the monitoring process.

It is also important to mention, that technical assistance was provided in order to define equipment profiles for primary care facilities. These profiles were used for preparing the corresponding regional investment Project in IT infrastructure.

1.3.3 Consolidate the implementation of the health provider information system GalenHos in 7 public hospitals

Other regions with which technical assistance continued to be provided are Huánuco, Cusco, La Libertad, Tumbes and Cajamarca.

Regarding Huánuco and Cusco, there have not been further advances beyond the implementation of basic modules of GalenHos.

In La Libertad, the Project has received a request to implement GalenHos in 10 local hospitals. It is likely that this process will be begun in the next quarter.

[1] Index of IT strengthening is generated based on the following qualifications: 1 when the facility has a server, enough quantity of terminals (5 for hospitals, 3 for health centers) and a network has been installed, 0.75 when the facility does not have a server, but has enough quantity of terminals and a network has been installed, 0.5 when there is enough quantity of terminals but there is not network, and 0 when there are not enough terminals, no server, and no network functioning.

In Tumbes, GalenHos will be launched in July, under a progressive approach. This means that during July the basic version will be under production. During August, Emergency and Hospitalization modules are expected to be under regular use.

In Cajamarca, GalenHos continues under full operation, and remote technical assistance is regularly given to the local implementation team. A visit is expected to be executed during next quarter to demonstrate new reporting possibilities under GalenHos data environment.

1.4 Health Workforce

Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

1.4.1 Dialogue between experts and policy makers to design civil service policies in the health sector

During this quarter there was a technical meeting with SERVIR in order to define terms for a new agreement. Civil service policy is the main issue in SERVIR agenda, and it is clear that the health sector has to define some specific aspects for health workers. Unfortunately, health career path is not a priority in MOH agenda. The project will provide technical information to SERVIR when it is required.

1.4.2 Design and validation of strategies to address health human resources gap in 1st level facilities of 2 regions

During this quarter, the project has designed and validated a spreadsheet to estimate human resource requirements and the gap from a micro network level. This spreadsheet let do some adjustments to calculations, taking into account actual available working time; current staffing; rurality; range of services available. In addition, this spreadsheet helps to analyze the findings in a way that allows decisions on redeployment.

Thus, we have defined a methodology for estimating human resource requirements for micro-level health facilities, based on health needs, with the following features:

- It is based on the probability of occurrence of cases by age group, for a given population.
- For each case -and their variants-, it is defined the care procedures involved, based on current standards of care.
- For each procedure, it is established the HHR types involved and the time spent each to each procedure, based on current standards of care.
- It considers the actual time available for health care
- Allows adjustment according to current and potential health portfolio in the short and medium term
- Allows calculation of the human resources requirements adjusted to the level of rurality of the district where the health facility is located.
- It considers the current allocation of human resources in the health facility to determine the gap that must be covered.

- It allows the design of charts and graphs, which allow a better allocation of human resources within the micronetwork

For the analysis of the results, we have taken into account the factors that intervene between the availability of human resources and the services produced, such as:

- The productivity of human resources and their actual against expected performance
- The time actually used in the provision of health services compared with expectations
- The distribution of workload among the members of the health team in a health facility and among health facilities of a micronetwork.
- The geographic location of the health facility for the territorial allocation of human resources.

At the ***Central level***, in response to an invitation from the Vice Minister of Health, the project presented the methodology for estimating human resources requirements for primary care. The General Director of the HR Office indicated that the MOH does not have a proposal for the primary care level and would be interested in applying it in Lima for the distribution of professionals for the SERUMS. For this purpose, the project sent to the MOH the spreadsheets to calculate these requirements, pending a meeting to present in detail its handling and the proper way to analyze the results.

In ***Ayacucho***, the Project provided technical assistance to DIRESA management team to collect current and reliable information on the current staffing of health facilities of two networks: Cora Cora and Puquio, including their respective micronetworks (MR). With this information, we conducted a workshop where we used the spreadsheet; and made estimates of manpower requirements and the gap to be filled. In this workshop, it became clear the importance of analyzing human resource staffing from the micronetwork level and the possibility of improving the supply of human resources with a better distribution of them.

Related to the HHR gap, in the graphic shown in Appendix 11, it can be seen the overstaffing of technicians in Pausa and Chumpi micronetworks, with a gap in Cora Cora. The main gap is in Nurses. Cora Cora is the network that has highest HHR gap. With this information, at the network level, the management team can decide a better distribution of HHR among micronetworks. For example, Pausa MR needs only 6 physicians and has 9. The important decision is not only to know that there is an overstaffing, but to know where the correct allocation of these 6 doctors is. It is clear that, requirements of less than 0.5 means zero. The data shows that Pausa Health Center needs 2 but has 6 doctors. This means that the 4 doctors in excess in Pausa MR are in Pausa Health Center; if the employment situation of these doctors is "hired" would no longer be required to renew his contract in the following period and the budget could be allocated to other MR to recruit physicians where they are obviously missing.

To make decisions regarding the allocation of human resources is necessary to take into account several other factors such as the distance to a more complex health facility, the level of production of the health facility or the assigned population.

The third table in Appendix 11 shows the result of the analysis based in the previous table and the final decision on the reallocation of human resources. One doctor is required in

Colta Health Center because it has more population population, is best implemented and can cover the demand for medical care of the 3 nearby health facilities; and 4 physicians of Pausa Health Center will have to be reallocated in other MR.

This type of analysis and decision making is only possible with those responsible of the micro networks. For this reason, the management team of Ayacucho DIRESA decided to approve a norm with guidelines to apply the methodology in all the micro networks; the project designed a proposal of guidelines.

Preliminary results about staffing at regional level and in these 2 micro networks were presented to the General Director of DIRESA. The Director told his management team that the methodology is assumed by the DIRESA and the Project is supporting its implementation and the analysis of results. So he mandated to organize a meeting with all MR to analyze estimates based on information from all health facilities. He also requested the Project to train its technical staff in the methodology of calculation of the rurality index.

For the next quarter, the DIRESA is organizing a workshop attended by all micro networks to discuss with them their own results. The Project designed the tables for each micro network, in order to register the necessary information to apply the spreadsheet. In addition, this will allow the MR to realize the importance of keeping up to date information on the current allocation of human resources. In addition, technical and management teams will be trained in the estimates of the rurality index at the district level.

In ***Ucayali,*** as in Ayacucho, the Project worked with the management team and applie the spreadsheet to 2 micro networks. With these results, they decided to: a) apply the survey to determine the available working time, in order to have information closer to their reality and b) collect information from all health facilities about currently staff and work situation.

During this quarter, information was collected from health facilities in relation to the available working time to provide health care in primary health facilities. The survey applied is shown in Appendix 13 and the results in Appendix 11.

In the next quarter, the project will support the DIRESA management team to make estimates for all its micro networks and discuss with them the results. It is expected that after this technical meeting, they convene all MR to a) train them in the use of the spreadsheet; b) analyze the results; and c) support them in order to make better decisions to hire new staff or redistribute the already hired.

In ***San Martín***, the project developed a technical meeting to present the methodology and tools to calculate and analyze information regarding staffing at micro-network level. To do this, the project presented the results of applying the methodology in 2 micro networks in Ayacucho. After this meeting, the management team has agreed a next meeting to:

a) Validate the tools and instruments: for this purpose, they decided to collect information on current staffing of 2 MR;
b) Have regional estimates of the expected “available working time” in the primary care level; for this purpose, they decided to apply the survey proposed by the project to all

workers in all health facilities of 2 MR, and based on these results define the times that should be considered in the calculations for HR allocation.

c) Develop a framework to improve the flow of information for estimating human resource staffing on a regular basis, from MR level.

Based on these agreements, the DIRESA applied the survey about "available working time" and submitted the information of 2 MR

In June, a technical meeting was developed to review and analyze the survey results and the project presented the results of staffing calculations in the two selected MR. In the case of San Martin, the management team decided to estimate the times for each type of facility, with the understanding that, for example, the administrative burden of nursing technician is different if the health facility has a health professional; and the administrative burden of a nurse is different depending on whether the Health Center has or has not hospitalization.

In the table shown in Appendix 11, we resume the results of the analysis of the survey and show the final decision about "Available working time" to provide health care. With these results, the management team decided to organize a workshop with all the micro networks, in order to do calculations and analyze with them the distribution of health workers. This workshop will be developed in the next quarter.

1.4.3 Implementation in 3 Regions of selected critical process of the Human Resources Management System based in competencies

A proper management of human resources is important for the achievement of the objectives and goals of health institutions; so in the framework of a set of interdependent and interrelated processes that comprise the Decentralized Management System of Human Resources for Health (DMS-HHR), the project provided technical assistance in two main processes:

- Work organization: Designing of job profiles
- Compensation Management: Designing of wage scales

Designing job profiles

At the ***Central level***, the project had meetings with SERVIR to exchange experiences and methodologies related to the design of job profiles. The project participated as facilitator in the Macro Regional Workshop held in Trujillo and organized by SERVIR, to train teams of Human Resources Offices of regional and local governments, in the design of job profiles. The project also was invited for SERVIR, to the evaluation meeting of that workshop.

In ***Ayacucho,*** in the framework of the DMS-HHR, the management team understands that its functioning requires the identification of a set of critical competencies for the operation of the DIRESA, Networks, Micro networks and Hospitals.

On the other hand, it is necessary to define job profiles, which will help the DIRESA Ayacucho to develop the following processes:

1. Selection of personnel based on job profiles, for the positions to be filled..

2. Performance evaluation based on job profiles.
3. Capacity building based on gaps found in the performance evaluation.
4. Education of health workers (in universities or institutes), through negotiation with training institutions in the region to design their curricula taking into account the expected profiles for DIRESA.

In Ayacucho in this quarter, a workshop was developed to strengthen capacities of the HHR management team of DIRESA in the definition of job profiles for the primary health care, as part of the sub-system of "Labor Organization" of the HHR system. The product of the workshop was a draft of 13 job profiles for core team of primary care doctor, nurse, midwife and nurse technicians to health facilities I-1, I-2, I-3 and I-4.

To define job profiles for the HHR Office of the DIRESA, the technical team will define the positions and functions for each position with reference to Competency Map for HHR management which was defined previously.

In the next quarter, Job profiles for primary health care and for HHR Office will be defined taking into account SERVIR scheme.

Designing wage scales

In ***Ayacucho,*** the wage scale designed with them for the first level of care and approved by a regional policy is being implemented in all networks which are budget execution units. DIRESA team has used the methodology to design the salary scales for hospitals and DIRESA workers. They have also used the wage scale to establish the budget for the PPR 2013.

In ***San Martín***, the project presented the experiences developed in Ucayali and Ayacucho in the design of pay scales for primary care. These experiences consisted of a single scale that consider medical, non-medical professional and technicians, from the micro network level.

They were interested in this methodology because it allows them to combine more than one factor. In that sense, the management team defined four factors to be considered in San Martin pay scale, as well as the weights that would have each factor. Likewise, they requested that the project will design the spreadsheet with the following characteristics: a) separate scales for Medical; non-medical professional and technicians; b) each salary scale has to show the differences among health facilities.

With these guidelines, the project designed 3 pay scales for San Martin; these scales were presented to the management team. Since the scale requires data from health facilities, the management team decided to organize a meeting with all the micro networks to define with them the value of each factor in each of their health facilities. In Appendix 13, there is the table showing the factors, weights and the salary ranges established by the management team of San Martin.

The next quarter, a technical meeting we will be developed with all the micro networks, in order to finalize the design of the 3 scales.

1.5 Medical Products, Vaccines and Technologies

Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics

Most activities under this component were concluded during the first quarter of 2012. During this quarter the only technical assistance of the Project was focused in Ayacucho, to monitor the process of corporative purchase of medical products and supplies. In a first phase, the DIRESA has signed the agreements with the different instances for budget execution to run the acquisition process jointly, in order to obtain better prices and quality for the requested list of items.

2. Results Reporting Table

Project Components, Activities and Sub-Activities	Qr 2 -2012	Monitoring
Health Governance		
Activity 1.1. Strengthen and expand decentralization of the health sector		
The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health		
Central		
Development of methodological guidelines to identify constraints (TOC) in a decentralized program for the reduction of chronic malnutrition (DCI)		Initial
Development of conceptual framework for the decentralized management of a national health priority		Not initiated
Elaboration of the report on identified constraints in a decentralized program for the reduction of chronic malnutrition		Advanced
Elaboration of methodological guidelines to validate the methodology in field		Completed
Working meeting to present the progress of the analysis of constraints in a decentralized program		Completed
Elaboration of the report of the field validation		Completed
One Regional Government is implementing effective coordination mechanisms between health services and local governments to foster results in priority health programs (i.e. Child malnutrition reduction)		
Central		
Elaboration of the operational guidelines to manage health services of the program for the reduction of chronic malnutrition (DCI)		Advanced
San Martin		
TA to DIRESA to establish the organizational, administrative and service provision arrangements to manage the program for the reduction of chronic malnutrition (DCI)		Completed
TA to DIRESA for the implementation of the operational guidelines		Initial
Ucayali		
Presentation meeting of the qualitative analysis of health users perception and the costs analysis to implement a program for the reduction of chronic malnutrition		Completed
Regional Health Directorate and health networks have been reorganized and modernized to carry out their new functions under decentralization		
Central		
Assessment of Huancavelica experience in creating the Sub-Regional governmental agencies (Gerencias Sub-Regionales)		Completed
Presentation of the assessment of Huancavelica experience in creating the Sub-Regional governmental agencies		Completed

Elaboration of the assessment tool of health services networks, based in the PROCAP tool		Intermediate
Health Insurance and Financing		
Activity 2.1. Improve health coverage of poor and vulnerable populations		
The MOH has completed second revision of the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services		
Central		
Elaboration of the final version of PEAS revision (1377 variants, manual & worksheet)		Completed
Activity 2.2. Ensure efficiency and equity in health resource allocation		
The MOH has completed the revision of methodology for multiannual investment for primary health care in coordination with MEF		
Central		
TA to MOH to revise the Multiannual Investment Plan (PMI) methodological guidelines		Advanced
Elaboration of MOH-DIGIEM technical norms of the infrastructure and equipment parameters for health facilities type I and 2, for DIGIEM		Postponed
TA to MOH-OGPP to adapt the technical norms for the Public Investments National System (SNIP)		Initial
Development of the PMI applicative (including user manuals)		Advanced
Workshop for training of trainers to conduct PMI applications		Advanced
TA to RG to identify investment needs for strategic health facilities (Amazonas, Huánuco, Pasco, Puno, Huancavelica)		Completed
RHD in one priority region has formulated multiyear health investment plan		
Ayacucho		
TA to DIRESA to identify investment needs for strategic health facilities		Completed
TA to RG to elaborate and approve the regional Multiannual Investment Plan		Not initiated
San Martin		
Work to prioritize investments to be included in the Public Investment Project (PIP) for the reduction of chronic malnutrition		Completed
Elaboration of the regional Multiannual Investment Plan and TA to the RG for the approval		Completed
TA to RG and DIRES to identify the investment interventions for the reduction of chronic malnutrition in selected districts		Advanced
TA to RG to elaborate the PIP profile for the reduction of chronic malnutrition		Initial
TA to DIRESA to define the framework of the interventions for the reduction of chronic malnutrition to be funded by USAID		Completed
TA to RG and DIRESA to elaborate the Project of longitudinal tracking within the program for the reduction of chronic malnutrition to be funded by USAID		Completed

Public resources for collective and individual health care are allocated within the region according to established criteria designed to ensure efficiency and equity in health care in one region		
Central		
Systematization of 2012 process of programming budget (PpR) (SMT and Ucayali)		Cancelled
San Martin		
TA to DIRESA to elaborate and monitor the administrative norm for programming and executing health budget		Completed
TA to DIRESA to elaborate the operational plan (POI) within the framework of 2013 budget programming		Initial
TA to DIRESA to implement the administrative norm for programming and executing health budget		Not initiated
Ucayali		
TA to RG (DIRESA & UE) to execute 2012 health budget		Cancelled
TA to RG (DIRESA & UE) to program 2013 budget		Cancelled
Cusco		
TA to RG (DIRESA & UE) to program 2013 budget		Initial
Health Information		
Activity 3.1 The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions		
Implementation of the health provider information system GalenHos in primary health care facilities in 2 regions		
Central		
Development of the information module for maternal health		Intermediate
Development of reports module for local level management (Micro network) of infant nutrition and maternal health		Intermediate
Development of data entry module for health facilities without a PC		Advanced
Development and validation of a data transference module (from Micro network to Network and DIRESA)		Initial
Development of data mart of regional health priorities and health services strategic management (Network and DIRESA)		Intermediate
Documentation of GalenHos including the interoperability standards used		Intermediate
Ayacucho		
TA to DIRESA to monitor the technical support of GalenHos operation in 1st level facilities		Advanced
TA to DIRESA to monitor the implementation and strengthening of hardware infrastructure		Completed
TA to DIRESA to monitor the implementation and strengthening of connectivity in 1st level facilities		Completed
First training workshops in GalenHos (basic modules)		Advanced
Advance training workshops addressed to informatics specialists of prioritized facilities in GalenHos data base management		Completed
Continuous local monitoring of GalenHos implementation in 1st level facilities		Completed

Training workshops to design reporting modules for local management		Postponed
Training workshops to use health services information for decision making		Postponed
Training workshops to use data mart at Network and DIRESA levels		Postponed
TA to Networks and DIRESA to use health services information for decision making		Postponed
Working meetings to disseminate among key regional stakeholders the progress made in the health information system		Postponed
San Martin		
TA to DIRESA to monitor the technical support of GalenHos operation in 1st level facilities		Advanced
TA to DIRESA to monitor the implementation and strengthening of hardware infrastructure		Completed
TA to DIRESA to monitor the implementation and strengthening of connectivity in 1st level facilities		Completed
First training workshops in GalenHos (basic modules)		Completed
Second training workshops in GalenHos (diagnosis assistance module, pharmacy, invoicing)		Initial
Continuous local monitoring of GalenHos implementation in 1st level facilities		Completed
Training workshops to design reporting modules for local management		Postponed
Training workshops to use health services information for decision making		Postponed
Training workshops to use data mart at Network and DIRESA levels		Postponed
TA to Networks and DIRESA to use health services information for decision making		Postponed
Working meetings to disseminate among key regional stakeholders the progress made in the health information system		Postponed
Consolidate the implementation of the health provider information system GalenHos in 7 public hospitals		
Central		
Maintenance of GalenHos training blog		Advanced
Development of the routine for medicines prescription in the outpatient module		Completed
Development of key data import and export routines (RENIEC, SUNASA, SIS, Referencia)		Initial
Elaboration of a proposal for images management interoperability standards		Postponed
Development of images management module		Postponed
Development of reporting modules for the facilitiy operations management (pharmacy, invoincing, medicines, human resources, use of services)		Postponed
Ayacucho		
Update GalenHos to the current version		Intermediate
Monitoring and maintenance of GalenHos operation		Completed
Cajamarca		
Monitoring and maintenance of GalenHos operation		Completed

Cusco		
Training of final users of GalenHos		Postponed
Migration of preexisting data base to GalenHos		Postponed
Monitoring and maintenance of GalenHos operation		Postponed
Huánuco		
Training of final users of GalenHos		Advanced
Migration of preexisting data base to GalenHos		Advanced
Monitoring and maintenance of GalenHos operation		Advanced
La Libertad		
Training of final users of GalenHos		Initial
Migration of preexisting data base to GalenHos		Initial
Monitoring and maintenance of GalenHos operation		Initial
San Martin (Tarapoto)		
Training of final users of GalenHos		Completed
Installation of GalenHos modules: images, inpatient, emergency, invoicing		Completed
Monitoring and maintenance of GalenHos operation		Completed
Tumbes		
Monitoring and maintenance of GalenHos operation		Completed
Health Workforce		
Activity 4.1 Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector		
Policy dialogue regarding civil service policies in the health sector		
Central		
Technical meeting with key actors for the dissemination of the comparative analysis of health career path in Latin America countries		Cancelled
TA to MOH to promote policy dialogue about health career path		Cancelled
Design and validation of strategies to address health human resources (RHUS) gap in 1st level facilities of 2 regions		
Central		
Working meetings with national and local experts to discuss the RHUS planning system proposal and the systematization of the experience of estimating RHUS gap and the		Initial
Estimation of the rurality index at the district level		Completed
Ayacucho		

TA to DIRESA to estimate the rurality index and design a regional norm for its application		Completed
Working meetings with DIRESA technical team to define, collect and analyze the required information for the estimation of RHUS gap for the 1st level facilities		Advanced
Working meetings with DIRESA and Networks technical teams to use the applicative to calculate RHUS gap and staffing for the short and medium term		Advanced
Working meetings with DIRESA, Networks and Micro networks to analyze RHUS gap and define the main strategies to cover it		Advanced
TA to DIRESA to elaborate the administrative norm for RHUS staffing		Advanced
San Martin		
Working meetings with DIRESA and Networks technical teams to use the applicative to calculate RHUS gap and staffing for the short and medium term		Advanced
Working meetings with DIRESA technical team to define, collect and analyze the required information for the estimation of RHUS gap for the 1st level facilities		Intermediate
Working meetings with DIRESA, Networks and Micro networks to analyze the RHUS gap and define the main strategies to cover it		Intermediate
Working meetings with DIRESA and Networks technical teams to calculate RHUS requirements for the Multiannual Investment Plan		Completed
Technical meetings to systematize the application of the methodology to calculate RHUS gap and the proposal of the RHUS planning system		Initial
Ucayali		
Technical meetings with DIRESA team to present the methodology to calculate RHUS gap in the 1st level facilities		Completed
Working meetings with DIRESA technical team to define, collect and analyze the required information for the estimation of RHUS gap for the 1st level facilities		Completed
Working meetings with DIRESA an Networks technical teams to analyze the RHUS gap and define the main strategies to cover it		Advanced
Implementation in 3 Regions of selected critical process of the Human Resources Management System based in competencies		
Central		
Technical meetings with SERVIR to present and share recommendations about the progress in implementing RHUS management system		Advanced
Technical meetings with SERVIR to share recommendations about the methodology to define profile posts		Advanced
Ayacucho		
Technical meetings to strengthen the DIRESA RHUS Office in the required competencies to manage a RHUS system		Completed
Technical meetings with the DIRESA RHUS Office to define the profile posts based in competencies to manage a RHUS system and design the competencies catalogue		Completed

Technical meetings with the DIRESA RHUS Office to define the competencies gap (performance evaluation) and define improvement plans		Cancelled
Technical meetings with DIRESA RHUS Office to define all post profiles, based in SERVIR methodology, to obtain the accreditation		Initial
Technical meetings with DIRESA RHUS Office to define the post profiles of the 1st level health basic team, using SERVIR methodology		Advanced
Technical meetings to monitor the implementation of the salary scale norm, and propose improvements		Completed
San Martin		
Technical meetings to analyze RHUS management problems related with the implementation of the regional program for the reduction of chronic malnutrition, and to define improvements in the processes of the RHUS management system		Initial
Technical meetings with DIRESA to design a proposal of salary scale for CAS personnel of health facilities		Advanced
Ucayali		
Technical meetings to revise post profiles for the implementation of the regional program for the reduction of chronic malnutrition		Cancelled
Technical meetings to monitor the implementation of salary scale norm, and propose improvements		Completed
Medical Products, Vaccines and Technologies		
Activity 5.1 Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are available according to established logistics		
Development and implementation of regional action plans to improve the availability of pharmaceuticals		
Ayacucho		
TA to DIRESA for the implementation of the regional corporative acquisition of medical supplies		Completed
San Martin		
TA to DIRESA for the implementation and monitoring of the procedures guidelines for implementing units (UE)		Cancelled
Ucayali		
TA to DIRESA for the implementation of the acquisition process of medical supplies		Cancelled

3. Planned Activities

Bellow is the proposed work plan for the next two quarters that shall continue until USAID issues the request for proposed activities for the next two years. Proposed activities fit into the original Project main objective of strengthening the core functions of the health system, related to four outcomes:

- Outcome1: The MOH, regional and local authorities are operating in coordination under the decentralized health system by developing, implementing, and enforcing sound policies and regulations that are effectively implemented.
- Outcome 2: Peru has increased its public spending on health to achieve its health care coverage goals, and is funding health services to ensure efficiency and equity in the public health system.
- Outcome 3: The MOH, regions, and local health networks are generating and using accurate and timely information to manage the health system.
- Outcome 4: Policies for improved human resources management in the public health sector are implemented.

The Project shall continue with the systematization of San Martin`s experience, where USAID is supporting a complete package of intervention that involved the core functions of a health system, combining the implementation of a new organization model of the region and a decentralized management model to support health interventions address to the reduction of chronic malnutrition, involving health networks and micro networks. Other experiences to systematize are:

- Systematization and dissemination at the regional levels of the methodological guidelines and tools for the implementation of a decentralized management model focused in a health priority, based in the experience of San Martin`s Program for the Reduction of Chronic Malnutrition. The systematization shall include the expected leverage of articulating the regional program with the social programs of MIDIS. The dissemination strategy shall be based in the current intergovernmental settings, as the ANGR.

- Consolidation and dissemination at the regional levels of the methodological guidelines to improve budget programming and execution under the budget-for-results framework, in particular regarding nutrition and maternal and neonatal programs

- Systematization of the strategies to scale up the implementation and use of GalenHos software for the first level of care. This shall include the key strategies to promote software reports to monitor the longitudinal follow up of newborns and infants to prevent the risk of falling in chronic malnutrition.

- Consolidation and dissemination at the regional levels of the methodological guidelines and software for the elaboration of a multiannual investment plan addressed to close infrastructure and equipment gaps, articulated to the national MOH strategy of strengthening selected health facilities.

- Consolidation and dissemination at the regional levels of the methodological guidelines and software for the identification of human resources gaps, and the elaboration of regional plans to allocate health personnel for the first level, including competences based selection and retention strategies.

Project Components, Activities and Sub-Activities	Location	Qr 3 -2012	Qr 4 -2012
Elaboración de deliverables (Reportes Trimestrales y Anual)	Central		
1. Health Governance			
Activity 1.1. Strengthen and expand decentralization of the health sector			
Health sector issues have been debated publicly in the political transition at the national level			
Central	Central		
Sistematización del proceso de diálogo político	Central		
R.1.1. Health services have been reorganized and modernized to carry out new functions under decentralization			
Gobierno Regional y DIRESA San Martín identifica y establece arreglos institucionales para el seguimiento longitudinal			
Central	Central		
Publicación del Análisis de experiencia de Gerencias Provinciales Integrales en Huancavelica	Central		
Material de capacitación clínica para la implementación de IE	Central		
Seguimiento longitudinal	Central		
Actualización del plan de la prueba de seguimiento longitudinal	Central		
Elaboración de pautas de implementación de prueba de adscripción y sectorización	Central		
Elaboración de informe de implementación de prueba de seguimiento longitudinal (Soritor y Jepelacio) y recomendación de escalamiento.	Central		
Reuniones técnicas de validación de propuesta de marco general de seguimiento con MIDIS	Central		
Elaboración de plan de trabajo para la expansión en 2013	Central		
Sistema de seguimiento y AT de DIRESA para mejorar el desempeño de Redes y MRs	Central		
Elaboración de Módulo 1 de verificación de condiciones básicas (estructura) para la prestación de IE	Central		
Revisión y análisis del Programa Estratégico de Logros de Aprendizaje (PELA) para identificar elementos de replicabilidad en servicios de salud.	Central		
Elaboración de propuesta de sistema de seguimiento y acompañamiento en desempeño de servicios de salud	Central		
Reunión de expertos para validar propuesta de "sistema de seguimiento y acompañamiento en desempeño de servicios de salud"	Central		
San Martin	San Martín		
AT a la DIRESA para la implementación del manual de operaciones	San Martín		

Presentación estudio percepción de las gestantes y madres en relación a la implementación de las IE	San Martín		
Entrenamiento clinico en IE	San Martín		
Seguimiento longitudinal en Soritor y Jepelacio	San Martín		
Reuniones técnicas para actualización del plan de la prueba de seguimiento longitudinal	San Martín		
Reuniones técnicas para definir pautas de implementación de prueba de adscripción y sectorización	San Martín		
Consolidación de lista de gestantes y niños de los establecimientos (Base de datos) de Soritor y Jepelacio	San Martín		
Reunión técnica para planificar responsabilidades del manejo del listado gestantes y niños	San Martín		
Reuniones técnicas para la implementación de la adscripción a nivel de microredes (Soritor y Jepelacio)	San Martín		
Reuniones técnicas para la implementación de sectorización a nivel de microredes (Soritor y Jepelacio)	San Martín		
AT para elaboración de resolución directoral para establecer responsabilidades de adscripción y sectorización en microredes de Soritor y Jepelacio	San Martín		
Reunión técnica de presentación de informe de implementación de prueba de seguimiento longitudinal y recomendación de escalamiento	San Martín		
Reuniones técnicas de validación de propuesta de marco general de seguimiento longitudinal con participación de MIDIS	San Martín		
Sistema de supervisión y AT de DIRESA a Redes	San Martín		
Reunión técnica para revisar Módulo 1 de verificación de condiciones básicas (estructura) para la prestación de IE	San Martín		
Reunión técnica para validar propuesta de "sistema de seguimiento y acompañamiento en desempeño de servicios de salud" (PELA Salud)	San Martín		
R.1.2. One Regional Government is implementing effective multisectoral and intergovernmental coordination mechanisms to foster results in priority health programs (i.e. Child malnutrition reduction)			
MIDIS, MEF, MINSA y el gobierno regional de San Martín evalúan primera fase del piloto de gestión articulada de la DCI y proponen ajustes en reglas de acuerdos intergubernamentales e intersectoriales.			
Central	Central		
Reuniones técnicas para la elaboración de propuesta base de piloto de gestión articulada de la DCI con MIDIS, MINSA, MEF, MVS y RENIEC	Central		
Reuniones técnicas de seguimiento de avances en formulación e implementación de piloto MIDIS	Central		
Diseño de la implementación del piloto de gestión articulada para la reducción de la DCI	Central		
Reuniones técnicas de validación de diseño de gestión articulada para la reducción de la DCI	Central		
Reunión técnica MIDIS para realizar balance de avances del semestre: fase de programación, formulación y diseño de la implementación	Central		
Elaboración y validación de plan de trabajo 2013 del piloto	Central		
Agenda de restricciones y soluciones	Central		
Reuniones de coordinación con PCM, MINSA, MIDIS, ANGR, etc.	Central		
Curso de teoría de restricciones para MIDIS y PCM	Central		
Elaboración de reporte de metodología de identificación de restricciones para la gestión descentralizada de DCI	Central		

Elaboración de reporte de análisis de restricciones y funciones en salud transferidas a gobiernos regionales	Central		
Elaboración de reporte de cambios organizacionales y procesos para la gestión descentralizada de DCI	Central		
Elaboración del reporte de soluciones de las restricciones de la gestión descentralizada de prioridades sanitarias: el caso de desnutrición	Central		
Reuniones técnicas con expertos para identificación de soluciones de restricciones	Central		
Sistematización de la gestión descentralizada de prioridades sanitarias: el caso de desnutrición	Central		
Elaboración de plan de AT a la ANGR	Central		
Reuniones de coordinación con la ST de ANGR	Central		
Reuniones de sensibilización/coordinación con actores claves para la agenda de restricciones de ANGR-MIDIS	Central		
Reuniones técnicas ANGR, MIDIS con sectores involucrados para el desarrollo de la agenda de medidas para favorecer la gestión de la reducción de la DCI	Central		
Elaboración de agenda de medidas para favorecer la gestión de la reducción de la DCI	Central		
Presentación pública de agenda de de medidas para favorecer la gestión de la reducción de la DCI	Central		
San Martin	San Martín		
Talleres de identificación de restricciones internas para la gestión descentralizada DCI	San Martín		
Elaboración de reporte de acciones de mejoras de gestión (basada en restricciones) para el POI 2013	San Martín		
Reuniones técnicas MIDIS-GR/DIRESA para acordar diseño de la implementación del piloto de gestión articulada para la reducción de la DCI	San Martín		
2. Health Insurance and Financing			
Activity 2.1. Improve health coverage of poor and vulnerable populations			
R.2.1. The MoH has completed second revision of the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services			
El MINSA (DGSP, SIS) reconoce la actualización del PEAS y sustenta la metodología seguida			
Central	Central		
Desayunos de discusion sobre la reforma de AUS	Central		
R.2.2. In one region skills have been developed to adequately manage health insurance procedures and effectively extend coverage of financial protection in health			
La IAFA SIS y la IAFA FISSAL cuentan con procesos de información modernizados y preparados para introducir y operar nuevos mecanismos de pago vinculados a la atención de primer nivel (capitado) y a la atención de hospitalización (HRGs)			
Central	Central		
AT a SIS para articular el mecanismo de pago capitado con mejoras en su sistema de informacion	Central		
Actualizacion de GalenHos según nuevos requerimientos de informacion determinados por el SIS	Central		

Desarrollo de trama de datos para viabilizar reembolso regular en pacientes SIS	Central		
AT a FISSAL para articular el reembolso de enfermedades de alto costo con mejoras en su sistema de información	Central		
Desarrollo de trama de datos para viabilizar reembolso por enfermedades de alto costo en FISSAL	Central		
Actualización de GalenHos según nuevos requerimientos de información determinados por el FISSAL	Central		
Elaboración de propuesta de mecanismo de pago hospitalario para enfermedades de alto costo basado en HRGs	Central		
Talleres de capacitación en módulo FISSAL a Nivel Central de FISSAL	Central		
Documentación de los estándares de interoperabilidad requeridos para la función de aseguramiento en salud	Central		
Ayacucho	Ayacucho		
Diseño y desarrollo de módulo de reportes referidos al aseguramiento SIS para usuario DIRESA	Ayacucho		
Talleres de capacitación en módulo SIS a prestadores hospitalarios	Ayacucho		
Talleres de capacitación en módulo SIS a prestadores de primer nivel	Ayacucho		
Activity 2.2. Ensure efficiency and equity in health resource allocation			
R.2.3. Public resources for collective and individual health care are allocated within the region according to established criterio designed to ensure efficiency and equity in health care in one region			
Dos regiones validan e implementan propuesta de mejoras de los procesos de programación, formulación y ejecución del PporR			
Central	Central		
Elaboración de plan de AT a MIDIS y dos regiones piloto en gestion presupuestal 2013 PAN y SMN (Convenio)	Central		
AT al MIDIS para gestión presupuestal PAN y SMN 2013 en dos regiones piloto	Central		
Participación en equipo de trabajo "Comisión" MIDIS-MEF-MINSA-HP	Central		
AT a MIDIS (Comisión) para gestión presupuestal PAN y SMN 2013 de Cusco	Central		
Estimación de requerimientos financieros 2013 de dos regiones pilotos (agosto 2012)	Central		
Elaboración de pautas de programación de actividades PAN y SMN del POI 2013 de dos regiones piloto	Central		
Desarrollo de cubos de información de producción de servicios (HIS) de PAN y SMN (Agosto)	Central		
Elaboración de pautas de formulación presupuestal PAN y SMN 2013 en dos regiones piloto (Directivas regionales?)	Central		
Desarrollo de cubos para la formulación presupuestal PAN y SMN 2013	Central		
Elaboración de pautas de ejecución presupuestal PAN y SMN 2013 en dos regiones piloto	Central		
Sistematización del proceso de programación de actividades y formulación presupuestal PAN y SMN 2013 en dos regiones piloto	Central		
San Martin	San Martín		
Seguimiento al proceso regular de aprobación de PIA 2013	San Martín		

Visita revisión montos programados en PAN y SMN en SIAF programación 2013	San Martín		
Reuniones para la estimación de requerimientos financieros 2013 (agosto 2012)	San Martín		
Revisión de la estimación de cobertura basal y meta asociados a Intervenciones Efectivas (Spectrum)	San Martín		
Taller con aplicación de Guía Spectrum	San Martín		
Anualización de metas de cobertura priorizando áreas geográficas	San Martín		
Talleres con DIRESA y Redes/UE para la distribución de alícuotas de metas de cobertura en la red de servicios	San Martín		
Completar costos unitarios	San Martín		
Talleres DIRESA, Redes-Microredes/UE y para la elaboración de POI a nivel de redes y MR	San Martín		
Talleres DIRES, Redes/UE para la estimación de presupuesto requerido por UE	San Martín		
Evaluación del presupuesto requerido por UE con la disponibilidad financiera	San Martín		
Reuniones Técnicas GR/DIRESA/UE para realizar la formulación del presupuesto requerido por UE	San Martín		
Talleres de planes de mejora en la ejecución presupuestal y elaboración del PAC 2013 PAN y SMN con DIRESA y UE	San Martín		
Reuniones técnicas para realizar ajustes en Directiva de Ejecución presupuestal	San Martín		
R.2.4. The MOH has completed the revision of methodology for multiannual investment for primary health care in coordination with MEF			
MINSA aprueba actualización de parámetros de metodología de PMI			
Central	Central		
AT al MNSA para la revisión de la Guía Metodológica del PMI (cartera de servicios, cartera UPSS y servicios generales, coeficientes de uso, estándares de producción, criterios de distribución de UPSS y servicios generales, y costos).	Central		
Reuniones técnicas con DGIEM para revisión de normas técnicas de parámetros de infraestructura y equipamiento para I y II nivel	Central		
Talleres de validación de propuesta de normas técnicas de parámetros de infraestructura y equipamiento para I y II nivel	Central		
Reunión técnica con DGIEM, OPI y DGSP de presentación de versión final de normas técnicas de parámetros de infraestructura y equipamiento para I y II nivel	Central		
Reuniones técnicas con MINSA (OGPP) para identificación de normas del SNIP	Central		
Talleres de revisión y diseño de normas de formulación de proyectos.	Central		
Talleres de revisión y diseño de normas de evaluación de proyectos	Central		
Desarrollo del aplicativo del PMI (incluye manuales)	Central		
Taller de formación de facilitadores para conducir procesos de PMI	Central		
AT a GR para identificar necesidades de inversión en establecimientos estratégicos (Cajamarca, Ucayali)	Central		
AT a MINSA para reuniones regionales de presentación de resultados de necesidades de inversión en establecimientos estratégicos en 7 regiones	Central		
R.2.5. RHD in one priority region has formulated multiyear health investment plan			

Dos gobiernos regionales han formulado y aprobado sus PMI			
Ayacucho	Ayacucho		
Reunión de presentación de resultados de talleres de necesidades de inversión en establecimientos estratégicos a GR	Ayacucho		
AT a GR para formulación de estudios de pre-inversión de establecimientos estratégicos basados en parámetros PMI	Ayacucho		
Taller de formación de facilitadores regionales para conducir la formulación del PMI regional	Ayacucho		
Talleres de formulación de PMI por redes (Ayacucho Centro, Ayacucho Norte, Ayacucho Sur y Huamanga)	Ayacucho		
Reuniones técnicas con instancias clave de GR (Gerencia Inversiones, Desarrollo Social, Gerencia General, y Planificación) para el proceso de formulación y aprobación del PMI	Ayacucho		
AT a GR para la elaboración y aprobación del documento del Plan Multianual de Inversiones regional	Ayacucho		
San Martin	San Martín		
Reunión de presentación de resultados de talleres de necesidades de inversión en establecimientos estratégicos a GR	San Martín		
AT a GR para formulación de estudios de pre-inversión de establecimientos estratégicos basados en parámetros PMI	San Martín		
AT a GR para socializar los resultados del PMI a nivel local	San Martín		
AT a GR para formulación de perfil PIP DCI	San Martín		
AT a DIRESA para definir el enfoque de las intervenciones para reducir la DCI en SMT financiadas por USAID	San Martín		
AT a GR y DIRESA para formulación de proyecto de Seguimiento Longitudinal para reducir la DCI en SMT financiado por USAID	San Martín		
Ucayali	Ucayali		
Talleres para identificar necesidades de inversión en establecimientos estratégicos	Ucayali		
3. Health Information			
Activity 3.1. Strengthen the capacity to collect, analyze and use data in the health sector			
R.3.1.a. Implementation of the health provider information system GalenHos in primary health care facilities in 2 regions			
Responsables de MR y Redes en 2 regiones monitorean la generacion de la información de sus servicios para la toma de decisión referidas a prioridades sanitarias			
Central	Central		
Merchandising GalenHos (logotipo, empaquetado)	Central		
Actualización global de estándares de datos en GalenHos (CPT, CIE, CIO, ubigeos, etc)	Central		
Desarrollo de módulo de salud materna	Central		
Desarrollo de módulo de reportes para gestión local (MR) de la desnutrición infantil y salud materna	Central		
Desarrollo Módulo Punto de Digitación I Nivel para EESS sin PCs	Central		
Desarrollo Módulo Referencia-Contrarreferencia	Central		
Desarrollo y validación de módulo de envío de datos (de MR a Redes y DIRESA)	Central		
Ayacucho	Ayacucho		

AT para el monitoreo del proceso de soporte técnico al funcionamiento de GalenHos en el Primer Nivel	Ayacucho		
AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática	Ayacucho		
AT para el monitoreo del proceso de fortalecimiento de la conectividad el Primer Nivel	Ayacucho		
Talleres I de capacitación en el manejo de GalenHos (módulos básicos)	Ayacucho		
Talleres II de capacitación en el manejo de GalenHos (módulos de ayuda al diagnóstico, farmacia, facturación)	Ayacucho		
Taller de capacitación avanzada a informáticos de establecimientos priorizados en manejo de base de datos GalenHos	Ayacucho		
Monitoreo local continuo de la implementación de GalenHos en el Primer Nivel	Ayacucho		
Talleres de diseño de modulo de reportes para la gestion local	Ayacucho		
AT para el uso de información de la producción para la toma de decisiones locales	Ayacucho		
Talleres de capacitación en el uso del data mart en redes y DIRESA	Ayacucho		
AT para el uso de información de la producción para la toma de decisiones en redes y DIRESA	Ayacucho		
Reuniones para la difusión a actores claves regionales de avances realizados en el sistema de información	Ayacucho		
San Martin	San Martín		
AT para el monitoreo del proceso de soporte técnico al funcionamiento de GalenHos en el Primer Nivel	San Martín		
AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática en distritos PAIMNI	San Martín		
AT para el monitoreo del proceso de fortalecimiento de la conectividad del Primer Nivel en distritos PAIMNI	San Martín		
Talleres I de capacitación en el manejo de GalenHos (módulos básicos)	San Martín		
Talleres II de capacitación en el manejo de GalenHos (módulos de ayuda al diagnóstico, farmacia, facturación)	San Martín		
Monitoreo local continuo de la implementación de GalenHos en el Primer Nivel	San Martín		
Talleres de capacitación en el diseño de modulo de reportes para la gestion local	San Martín		
AT para el uso de información de la producción para la toma de decisiones locales	San Martín		
Talleres de capacitación en el uso del data mart en redes y DIRESA	San Martín		
AT para el uso de información de la producción para la toma de decisiones en redes y DIRESA	San Martín		
Reuniones para la difusión a actores claves regionales de avances realizados en el sistema de información	San Martín		
R.3.1.b. Consolidate the implementation of the health provider information system GalenHos in 7 public hospitals			
Directores de 4 hospitales monitorean la generación de la información de sus servicios para la toma de decisión gerencial			
Central	Central		
Mantenimiento de blog de capacitación GalenHos	Central		
Desarrollo de rutina de prescripción de medicamentos en módulo de consulta ambulatoria	Central		
Desarrollo Módulo Archivo/Citas/Consulta Externa en versión web	Central		
Desarrollo Módulo GalenHos FISSAL	Central		
Desarrollo rutinas de importación y exportación de datos clave (RENIEC, SUNASA, SIS, Referencia)	Central		

Desarrollo de modulo de reportes para gestión operativa del establecimiento (farmacia, facturación, medicamentos, recursos humanos, uso de servicios)	Central		
Ayacucho	Ayacucho		
Actualización de GalenHos a la versión reciente	Ayacucho		
Monitoreo del funcionamiento de GalenHos y mantenimiento	Ayacucho		
Cajamarca	Cajamarca		
Actualización de GalenHos a la versión reciente	Cajamarca		
Monitoreo del funcionamiento de GalenHos y mantenimiento	Cajamarca		
Cusco	Cusco		
Capacitación a usuarios finales de GalenHos	Cusco		
Migración de base de datos preexistentes a GalenHos	Cusco		
Monitoreo del funcionamiento de GalenHos y mantenimiento	Cusco		
Huánuco	Huánuco		
Capacitación a usuarios finales de GalenHos	Huánuco		
Migración de base de datos preexistentes a GalenHos	Huánuco		
Monitoreo del funcionamiento de GalenHos y mantenimiento	Huánuco		
La Libertad	La Libertad		
Capacitación a usuarios finales de GalenHos	La Libertad		
Migración de base de datos preexistentes a GalenHos	La Libertad		
Monitoreo del funcionamiento de GalenHos y mantenimiento	La Libertad		
San Martin (Tarapoto)	San Martín		
Capacitación de usuarios finales de GalenHos	San Martín		
Instalación de módulos de imágenes, internamiento, emergencia y facturación	San Martín		
Monitoreo del funcionamiento de GalenHos y mantenimiento	San Martín		
Tumbes	Tumbes		
Monitoreo del funcionamiento de GalenHos y mantenimiento	Tumbes		
R.3.2. In one region health authorities are using reliable data from health providers for decision making regarding the implementation of priority health programs (i.e Child malnutrition reduction			
Redes y DIRESA San Martin hacen uso de información de la prestación de servicios sobre intervenciones efectivas para el control de la desnutrición crónica infantil y ejecutan el seguimiento longitudinal respectivo			
Central	Central		
Diseño de instrumento para el seguimiento de las IE en salud y la reducción de la DCI en cohortes según grupos etareos incluyendo a gestantes.	Central		
Desarrollo de prototipo de seguimiento longitudinal de DCI con base en data mart	Central		
Desarrollo de data mart para la consolidación de información y gestión de prioridades sanitarias regionales (DCI) y para la gestión estratégica de servicios (redes y DIRESA)	Central		
Elaboración de reportes para la línea de base DCI con detalle a nivel de redes de salud	Central		
Elaboración guía metodológica a ser empleada en DIRESA, Redes y Micro redes para implementación y uso del seguimiento longitudinal	Central		
San Martin	San Martín		

Talleres de seguimiento longitudinal de la DCI a nivel de DIRESA-Redes	San Martín		
4. Health Workforce			
Activity 4.1. Support the design and implementation of a broad-based system for planning and managing the health workforce			
R.4.1. A regional system for planning human resources including long-term needs defined and implemented at the regional level in one region			
Equipos de gestión de la DIRESA, Redes y Microrredes de 3 regiones son capaces de definir su plan de dotación de recursos humanos para el primer nivel de atención, para el corto y mediano plazo.			
Central	Central		
Desayunos de trabajo con expertos nacionales y regionales para presentar la experiencia de dotación de RHUS (metodología de cálculo de brecha de RHUS, índice de ruralidad y análisis de dotación)	Central		
Sistematización en proceso de las experiencias de dotación de RH en 3 regiones	Central		
Ayacucho	Ayacucho		
AT a la DIRESA para el desarrollo del estudio de índice de ruralidad para Ayacucho y el diseño de una directiva regional	Ayacucho		
Reuniones técnicas con equipo técnico de la DIRESA para definir, recolectar y analizar la información necesaria para calcular la brecha de RHUS para el primer nivel de atención, desde la micro-red	Ayacucho		
Reuniones técnicas con los equipos de gestión de DIRESA y redes para el manejo del aplicativo para estimar dotación de RRHH a corto y mediano plazo	Ayacucho		
Talleres de trabajo con los equipos técnicos de la DIRESA, redes y MR para analizar la brecha de RHUS encontrada y definir estrategias para cubrirlas.	Ayacucho		
AT a la DIRESA en el diseño de la directiva de dotación de RRHH	Ayacucho		
San Martin	San Martín		
Reuniones técnicas con los equipos de gestión de DIRESA y redes para el manejo del aplicativo para estimar dotación de RRHH a corto y mediano plazo	San Martín		
Reuniones técnicas con el equipo técnico de la DIRESA para definir, recolectar y analizar la información necesaria para calcular la brecha de RHUS (tiempos, ruralidad, dotación, población) para el primer nivel de atención en todas las MR	San Martín		
Talleres de trabajo con los equipos técnicos de la DIRESA, redes y MR para analizar la brecha de RHUS encontrada y definir estrategias para cubrirlas.	San Martín		
Reuniones técnicas para la sistematización de la experiencia de aplicación de metodología de cálculo de brecha de RHUS y propuesta de sistema de planificación de RHUS.	San Martín		
Reuniones técnicas con GR para identificar necesidades de la Unidad de Recursos Humanos en la DIRESA	San Martín		
AT a GR/DIRESA para fortalecer la gestión de recursos humanos en salud (Unidad de Recursos Humanos)	San Martín		
Ucayali	Ucayali		
Talleres de trabajo con los equipos técnicos de la DIRESA y redes para analizar la brecha de RHUS encontrada y definir estrategias para cubrirlas, en todas las MR	Ucayali		
R.4.2. A regional health human resources management system based on competencies, focusing on processes related to: (i) recruitment and selection; (ii) incentives, implemented in one region			
Equipos de gestión d la DIRESA, Redes y Microrredes de 2 regiones son capaces de retener a personal competente mediante el diseño de sus perfiles de puestos y escalas salariales.			

Central	Central		
Reuniones técnicas con SERVIR para presentar avances en la implementación del sistema de gestión de RHUS e intercambiar aportes	Central		
Desayunos de trabajo con expertos nacionales y regionales para presentar las experiencias de escala salarial (organización del trabajo) y definición de perfiles de puestos (gestión de la compensación)	Central		
Reuniones técnicas con SERVIR para retroalimentarlos acerca de la metodología para definir perfiles de puestos.	Central		
Revisión de estudios e investigaciones acerca de otorgamiento de incentivos para retención de personal en el primer nivel de atención de áreas rurales (incluye conclusiones y recomendaciones)	Central		
Sistematización de las experiencias de escala salarial en 3 regiones	Central		
Sistematización de las experiencias de perfiles de puestos en 2 regiones	Central		
Ayacucho	Ayacucho		
Reuniones técnicas para el fortalecimiento de capacidades en gestión de recursos humanos al equipo técnico de la Oficina de Recursos de la DIRESA y redes	Ayacucho		
Reuniones técnicas con la Oficina de RHUS de la DIRESA para definir el perfil de competencias para la gestión de recursos humanos y diseñar el respectivo diccionario de competencias	Ayacucho		
Reuniones técnicas con la Oficina de RHUS de la DIRESA para definir los perfiles de todos sus puestos, en base a la metodología de SERVIR, con miras a su acreditación.	Ayacucho		
Reuniones técnicas con el equipo de gestión de DIRESA y la Oficina de RHUS para definir los perfiles de puestos del EBS del primer nivel de atención, en base a la metodología de SERVIR.	Ayacucho		
Reuniones técnicas para sistematización de la experiencia de perfiles de puesto	Ayacucho		
Reuniones técnicas para monitorear la implementación de la directiva de escala salarial y proponer ajustes para mejorarla	Ayacucho		
San Martin	San Martín		
Reuniones técnicas para analizar los problemas de RHUS relacionados con la implementación del Programa de Nutrición y definir mejoras en los procesos del sistema de gestión de recursos humanos involucrados	San Martín		
Reuniones técnicas con la DIRESA para diseñar una propuesta de escala salarial a nivel de EESS para personal contratado por CAS	San Martín		
Reuniones técnicas para definir los perfiles de puestos para equipos básicos del primer nivel de atención	San Martín		
Reuniones técnicas para sistematización de la experiencia de escala salarial	San Martín		
Reuniones técnicas para sistematización de la experiencia de perfiles de puesto	San Martín		
Ucayali	Ucayali		
Reuniones técnicas para fortalecer capacidades en el manejo de una escala salarial	Ucayali		
Reuniones técnicas para sistematización de la experiencia de escala salarial	Ucayali		

Appendix 1: Operational guidelines for the implementation of effective interventions to reduce child chronic malnutrition – San Martin

Appendix 2: Checklist to monitor minimum requirements for the provision of effective interventions to reduce child chronic malnutrition

Appendix 3: Analysis of the Mother's Perceptions About Maternal and Child Health Services: San Martin & Ucayali

Appendix 4: Cost analysis for the implementation of effective interventions for the reduction of child chronic malnutrition in Ucayali

Appendix 5: Assessment of Huancavelica`s Regional Government Structure

Appendix 6: Parameters for health investment decisions based in the multiannual investment plan (PMI) methodology

Appendix 7: Health multiannual investment plan (PMI) for San Martin

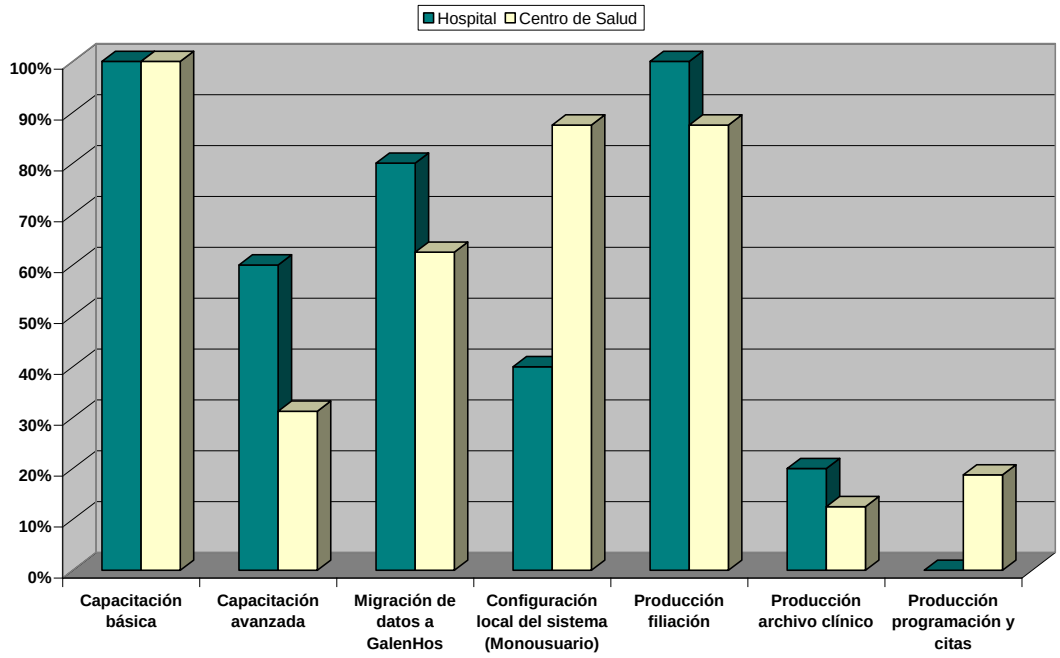
Appendix 8: Data Mesh to be used among National Institutes and Hospitals

Appendix 9: Recommended tables for the Health Yearbook

Appendix 10: Index of information technology strengthening

	Reforzamiento infraestructura informatica	Capacitación básica	Capacitación avanzada	Migración de datos a GalenHos	Configuración local del sistema	Producción filiación	Producción archivo clínico	Producción programación y citas	Producción triaje	Producción consulta ambulatoria
Bellavista	0.19	1.00	0.50	-	0.75	0.75	-	-	-	-
El Dorado	0.17	1.00	-	-	0.67	0.67	-	-	-	-
Huallaga	-	1.00	-	-	-	-	-	-	-	-
Lamas	0.25	1.00	1.00	-	1.00	1.00	-	-	-	-
Mariscal Cáceres	0.25	1.00	0.25	-	1.00	1.00	-	-	-	-
Moyobamba	0.50	1.00	0.83	0.33	1.00	1.00	0.17	0.17	0.17	0.17
Picota	-	1.00	-	-	-	-	-	-	-	-
Rioja	0.25	1.00	-	-	1.00	1.00	-	-	-	-
San Martín	0.11	1.00	0.22	-	0.44	0.44	-	-	-	-
Tocache	0.68	0.57	-	0.14	1.00	1.00	-	-	-	-

Avances en implementación. Ayacucho



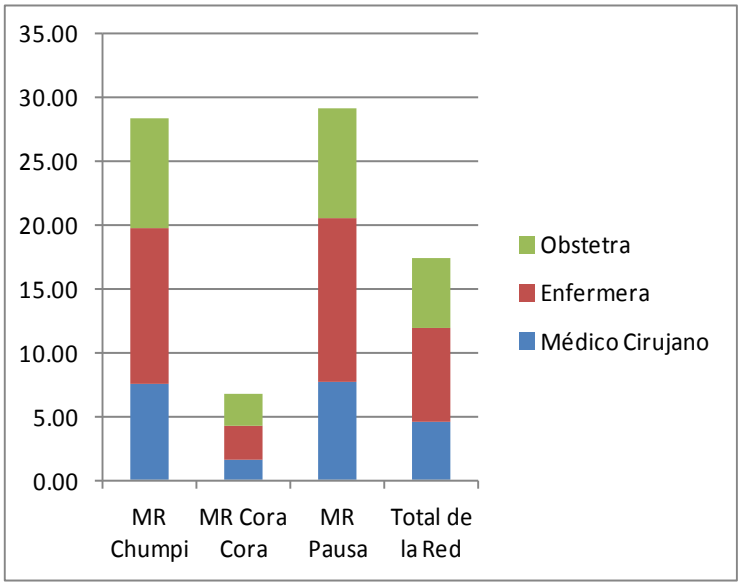
Bonferroni Contrast	Difference	95% CI	
Moyobamba v Resto	0.350	0.090 to 0.610	(significant)
Moyobamba v Tocache	-0.179	-0.502 to 0.145	
Resto v Tocache	-0.529	-0.773 to -0.285	(significant)

Appendix 11: Analysis of the gap of health human resources in Ayacucho, San Martin and Ucayali

DOTACIÓN ACTUAL DE PERSONAL DE DIRESA AYACUCHO

Redes / Micrrorredes	Distrito	Tipo EE.SS.	Catg	IR	Clasificación de Ruralidad	Indice de ajuste	Población total	Médico Cirujano	Cirujano Dentista	Enferm.	Psicólogo	Obstetra	Tec. Médico	Biólogo	Nutric	Trab. Social	Tco. Radio	Tco. Lab.	Fisio-terapista	Serv. Tco/Aux	TOTAL
RED CORA CORA																					
MR CHUMPI				**0.32**	**Rural**	**0.63**	**10,585**	**8**	**4**	**13**	**0**	**9**	**0**	**2**	**0**	**0**	**0**	**1**	**0**	**17**	**54**
C.S CHUMPI	CHUMPI	C.S.	I-3	0.32	Rural	0.63	1,623	3	2	2		2								2	11
P.S ACOS	CHUMPI	P.S.	I-1	0.32	Rural	0.63	493													1	1
P.S BELLAVISTA	CHUMPI	P.S.	I-1	0.32	Rural	0.63	505													1	1
P.S CARHUANILLA	CHUMPI	P.S.	I-1	0.32	Rural	0.63	610			1		1								1	3
C.S PULLO	PULLO	C.S.	I-3	0.31	Rural	0.63	2,594	2	1	4		1						1		1	10
P.S PUEBLO NUEVO	PULLO	P.S.	I-1	0.31	Rural	0.63	767													3	3
P.S TARCO	PULLO	P.S.	I-1	0.31	Rural	0.63	732													1	1
P.S RELAVE	PULLO	P.S.	I-1	0.31	Rural	0.63	711	2		2		2		1							7
C.S INCUYO	PUYUSCA	C.S.	I-3	0.33	Rural	0.63	911	1	1	4		3		1						1	11
P.S CHAICHA	PUYUSCA	P.S.	I-1	0.33	Rural	0.63	284													1	1
P.S LACAYA	PUYUSCA	P.S.	I-1	0.33	Rural	0.63	349													1	1
P.S SALLA SALLA	PUYUSCA	P.S.	I-1	0.33	Rural	0.63	421													2	2
P.S YURACCHUASI	PUYUSCA	P.S.	I-1	0.33	Rural	0.63	585													2	2
MR CORA CORA				**0.30**	**Rural**	**0.63**	**23,785**	**17**	**4**	**20**	**1**	**17**	**0**	**1**	**2**	**2**	**0**	**5**	**0**	**67**	**136**
P.S AYCARA	CORACORA	P.S.	I-1	0.48	Intermedio	0.75	1,087					1								1	2
P.S CCASACCAHUA	CORACORA	P.S.	I-1	0.48	Intermedio	0.75	682													1	1
P.S MUCHAPAMPA	CORACORA	P.S.	I-1	0.48	Intermedio	0.75	655													1	1
HOSPITAL DE APOYO DE CORACORA	CORACORA	Hosp.	II-1	0.48	Intermedio	0.75	10,558	13	3	14	1	11		1	2	2		5		51	103
P.S SAN MARCOS	CORACORA	P.S.	I-1	0.48	Intermedio	0.75	682													2	2
C.S PACAPAUSA	PACAPAUSA	C.S.	I-3	0.32	Rural	0.63	1,737			1										1	2
P.S CHAVIÑA	CHAVIÑA	P.S.	I-2				2,463	2		2		2								1	7
P.S SAN FRANCISCO DE RIVACAYCO	SAN FRANCISCO DE RAVACAYCO	P.S.	I-1	0.30	Más rural	0.50	728			1										2	3
P.S CALPAMAYO	UPAHUACHO	P.S.	I-2	0.24	Más rural	0.50	608	1	1											1	3
P.S CCOCHANI	UPAHUACHO	P.S.	I-1	0.24	Más rural	0.50	566													1	1
P.S UPAHUACHO	UPAHUACHO	P.S.	I-1	0.24	Más rural	0.50	409													1	1
P.S SANSAYCCA	UPAHUACHO	P.S.	I-1	0.24	Más rural	0.50	450					1								1	2
P.S CHAQUIPAMPA	SANCOS	P.S.	I-1				1,699			1		1								2	4
P.S SANCOS	SANCOS	P.S.	I-2				1,461	1		1		1								1	4
MR PAUSA				**0.45**	**Intermedio**	**0.75**	**11,670**	**9**	**4**	**15**	**1**	**10**	**0**	**3**	**0**	**1**	**0**	**2**	**0**	**40**	**85**
C.S PAUSA	PAUSA	C.S.	I-4	0.50	Intermedio	0.75	2,366	6	1	6	1	4		2		1				27	48
P.S HUANCARA	PAUSA	P.S.	I-1	0.50	Intermedio	0.75	324													1	1
P.S MIRMACA	PAUSA	P.S.	I-1	0.50	Intermedio	0.75	541			1										1	2
P.S COLTA	COLTA	P.S.	I-1	0.42	Intermedio	0.75	848					2								1	3
P.S CORCULLA	CORCULLA	P.S.	I-1	0.31	Rural	0.63	599			1										2	3
P.S LAMPA	LAMPA	P.S.	I-1	0.43	Intermedio	0.75	577													1	1
C.S SAN SEBASTIAN DE SACRACA	LAMPA	C.S.	I-3	0.43	Intermedio	0.75	2,047	1	1	2		1		1						1	7
C.S MARCABAMBA	MARCABAMBA	C.S.	I-3	0.47	Intermedio	0.75	834	1	1	2		1								1	6
P.S OYOLO	OYOLO	P.S.	I-2	0.31	Rural	0.63	1,232	1	1	1		1						1		1	6
P.S CCALACCAPCHA	OYOLO	P.S.	I-1	0.31	Rural	0.63	0			1										1	2
P.S PARARCA	PARARCA	P.S.	I-1	0.42	Intermedio	0.75	718			1								1			2
P.S SAN JAVIER DE ALPABAMBA	SAN JAVIER DE ALPABAMBA	P.S.	I-1	0.41	Intermedio	0.75	541													1	1
P.S SAN JOSE DE USHUA	SAN JOSE DE USHUA	P.S.	I-1	0.38	Rural	0.63	196													1	1
P.S QUILCATA	SARA SARA	P.S.	I-1	0.43	Intermedio	0.75	847					1								1	2
TOTAL RED CORA CORA							**46,040**	**34**	**12**	**48**	**2**	**36**	**0**	**6**	**2**	**3**	**0**	**8**	**0**	**124**	**275**

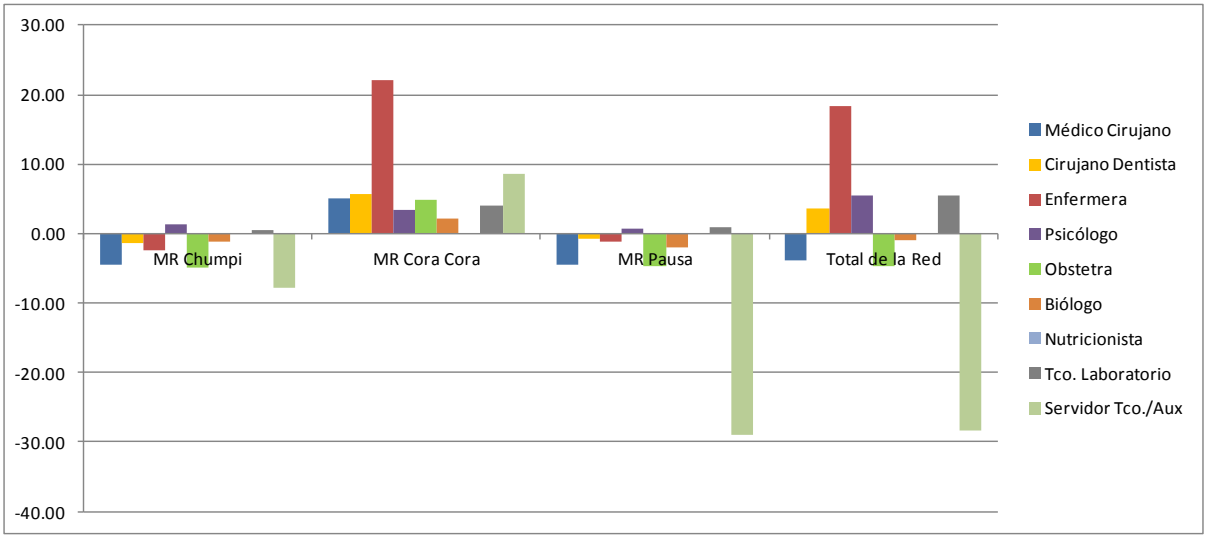
Health workforce - to - Population ratio x 10,000 habitants: Cora Cora Network



The World Health Report (WHO, 2006) states that countries need a population density of at least 22.8 doctors, nurses and midwives per 10,000 populations to ensure skilled attendance at birth.

In the graphic we can see that at the network level, Cora Cora is under the expected, but if we analyze at MR level, Chumpi and Pausa are over the goal and Cora Cora MR is absolutely under staffing. This graphic is related to current staffing.

Human Resources Gap at the network level: Cora Cora Network



MR Pausa

Grupo ocupacional	Médico Cirujano					
EESS	RRHH necesarios ajustados por ruralidad (A)	Dotación actual (B)	BRECHA DE RRHH (A-B)	Problema en gestión de RRHH	Ratio de carga de trabajo (B/A)	Presión en la carga Laboral
CS San Sebastian de Sacracac	0.66	1.00	-0.34	sobredotación	1.51	sobredotación
CS Marcabamba	0.47	1.00	-0.53	sobredotación	2.11	sobredotación
PS Huancará	0.10	0.00	0.10	escasez	0.00	-
PS Mirmaca	0.18	0.00	0.18	escasez	0.00	-
PS Colta	0.27	0.00	0.27	escasez	0.00	-
PS Corculla	0.23	0.00	0.23	escasez	0.00	-
PS Lampa	0.19	0.00	0.19	escasez	0.00	-
PS Oyolo	0.47	1.00	-0.53	sobredotación	2.11	sobredotación
PS Ccalaccapcha	0.00	0.00	0.00	normal	-	-
PS Pararca	0.23	0.00	0.23	escasez	0.00	-
PS San Javier de Alpabamba	0.18	0.00	0.18	escasez	0.00	-
PS San Jose de Uchua	0.08	0.00	0.08	escasez	0.00	-
PS Quilcata	0.27	0.00	0.27	escasez	0.00	-
CS Pausa	2.04	6.00	-3.96	sobredotación	2.94	sobredotación
Total de la MR	5.38	9.00	-3.62	sobredotación	1.67	sobredotación

DECISION

Grupo ocupacional		Médico Cirujano					
Población	EESS	RRHH necesarios ajustados por ruralidad (A)	Dotación actual (B)	BRECHA DE RRHH (A-B)	Problema en gestión de RRHH	Ratio de carga de trabajo (B/A)	Presión en la carga Laboral
2,047	CS San Sebastian de Sacracac	1	1	0	normal	1.00	normal
1,232	CS Marcabamba	1	1	0	normal	1.00	normal
324	PS Huancará	0	0	0	normal	-	-
541	PS Mirmaca	0	0	0	normal	-	-
848	PS Colta	1	0	1	escasez	0.00	-
599	PS Corculla	0	0	0	normal	-	-
577	PS Lampa	0	0	0	normal	-	-
1,232	PS Oyolo	1	1	0	normal	1.00	normal
100	PS Ccalaccapcha	0	0	0	normal	-	-
718	PS Pararca	0	0	0	normal	-	-
541	PS San Javier de Alpabamba	0	0	0	normal	-	-
196	PS San Jose de Uchua	0	0	0	normal	-	-
847	PS Quilcata	0	0	0	normal	-	-
2,366	CS Pausa	2	6	-4	sobredotación	3.00	sobredotación
12,168	Total de la MR	6	9	-3	sobredotación	1.50	sobredotación

Type of Staff	Physician	Dentist	Nurse	Psicologyst	Midwife	Medical technologist - Lab	Medical technologist - X-Ray	Medical technologist - Therapy	Biologist	Nutritionist	Social Worker	Technician - X-Ray	Technician - Lab	Nursing technician
# Working hours per year (I)	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**	**1,800**
ABSENCE FORM WORK (A)	240	231	278	231	278	210	210	210	210	231	210	210	210	238
Vacation hours per year	150	150	150	150	150	150	150	150	150	150	150	150	150	150
Public Holydays hours per year	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Training hours per year	42	33	80	33	80	12	12	12	12	33	12	12	12	40
Sick leave hours per year	30	30	30	30	30	30	30	30	30	30	30	30	30	30
ADMINISTRATIVE BURDEN (B)	110	74	110	74	110	74	74	74	74	74	74	74	74	110
Hours not available for health care (II=A+B)	**350**	**305**	**388**	**305**	**388**	**284**	**284**	**284**	**284**	**305**	**284**	**284**	**284**	**348**
Available working time (I-II)	**1,450**	**1,495**	**1,412**	**1,495**	**1,412**	**1,516**	**1,516**	**1,516**	**1,516**	**1,495**	**1,516**	**1,516**	**1,516**	**1,452**
% hours No PEAS	10%	1%	10%	20%	5%	1%	1%	1%	20%	5%	80%	1%	1%	15%
No PEAS available working time	145	15	141	299	71	15	15	15	303	75	1,213	15	15	218
PEAS available working time	1,305	1,480	1,271	1,196	1,341	1,501	1,501	1,501	1,213	1,420	303	1,501	1,501	1,234
% PEAS available working time	73%	82%	71%	66%	75%	83%	83%	83%	67%	79%	17%	83%	83%	69%

Available working time to provide PEAS procedures by type of health facility: SAN MARTIN DIRESA

Categoría	Situación laboral	Médico Cirujano	Cirujano Dentista	Enfermera	Psicólogo	Obstetra	TM - Radiología	TM - Laboratorio	TM - Terapia física	Biólogo	Nutricionista	Trabajador Social	Tco. Radiología	Tco. Laboratorio	Fisioterapista	Servidor Tco./Aux
I-1	Nombrado	1,453	1,610	1,362	1,301	1,533	1,610	1,610	1,610	1,301	1,545	325	1,616	1,043	1,616	896
	Contratado	1,507	1,675	1,423	1,354	1,596	1,675	1,675	1,675	1,354	1,607	338	1,675	1,109	1,675	947
	% hras PEAS contratado	84%	93%	79%	75%	89%	93%	93%	93%	75%	89%	19%	93%	62%	93%	53%
I-2	Nombrado	1,453	1,327	1,119	1,072	1,262	1,327	1,327	1,327	1,072	1,273	268	1,180	1,174	1,616	1,382
	Contratado	1,507	1,392	1,180	1,125	1,324	1,392	1,392	1,392	1,125	1,336	281	1,675	1,234	1,675	1,059
	% hras PEAS contratado	84%	77%	66%	62%	74%	77%	77%	77%	62%	74%	16%	93%	69%	93%	59%
I-3	Nombrado	1,433	1,451	1,231	1,173	1,387	1,457	1,457	1,457	1,178	1,398	294	1,180	1,168	1,180	1,008
	Contratado	1,487	1,511	1,292	1,221	1,450	1,523	1,523	1,523	1,230	1,461	308	1,239	1,228	1,239	1,059
	% hras PEAS contratado	83%	84%	72%	68%	81%	85%	85%	85%	68%	81%	17%	69%	68%	69%	59%
I-4	Nombrado	1,433	1,582	1,343	1,278	1,512	1,588	1,582	1,588	1,283	1,518	321	1,594	1,582	1,594	1,363
	Contratado	1486.8	1641.42	1404.2	1326.4	1575.1	1653.3	1653.3	1653.3	1336	1586.5	334	1647.36	1641.42	1647.36	1414.4
	% hras PEAS contratado	83%	91%	78%	74%	88%	92%	92%	92%	74%	88%	19%	92%	91%	92%	79%

Appendix 12: Criteria and weights to establish salary ranges scale for health workers in San Martin

Salary Scale for health workers of primary care

Criteria

Criteria	Grade A	Grade B	Grade C	Grade D
Level of development:	More rural	Rural	Intermediate	Urban
Accessibility: Distance from Tarapoto	A. More than 8 hours	B. 2 to 8 hours	C. 15 minutes a 2 hours	D. Less than 15 minutes
Poverty quintile	Quintile I y II	Quintile III	Quintile IV	Quintile V
Time travel to remote communities in their jurisdiction	A. More than 6 hours	B. 3 to 6 hours	C. 30 minutes to 3 hours	D. Less than 30 minutes

Weights

Weights

Criteria	Grade A	Grade B	Grade C	Grade D
Level of development:	60	50	35	30
Accessibility: Distance from Tarapoto	70	55	45	35
Poverty quintile	35	25	20	15
Time travel to remote communities in their jurisdiction	40	35	30	20

Salary range

	Maximum salary	Minimum salary
Physician	6,600	3,200
Professional non-medical	3,500	1,500
Technician	1,800	980

Appendix 13: Human resources survey to measure available time of health personnel